



*To be filled out by Institute staff only:  
Date received:*

UNIVERSITY OF OKLAHOMA  
INSTITUTE OF CHILD DEVELOPMENT

Please return to:  
Institute of Child Development  
820 Van Vleet Oval Room 100  
Norman, OK 73019

**Today's Date** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
last first name called

**Male or Female (circle one)**

**Date of Birth** \_\_\_\_\_  
month/day/year

**Parent's Name:** \_\_\_\_\_  
(parent/guardian contact #1)

**Home Phone:** \_\_\_\_\_

**Work/Cell Phone:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

(parent/guardian contact #2)

**Work/Cell Phone:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street city zip code

**Child's Preferred Language:** \_\_\_\_\_ **Spoken at Home:** \_\_\_\_\_

**Does your child have any special needs (allergies and other health needs)? Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Previous Preschool Experience:** \_\_\_\_\_